

Patent Application  
Attorney Docket No. PC10769A

EXPEDITED PROCEDURE REQUESTED

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to:  
Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 10 day of March 2005.

By

(Signature of person mailing)  
Andrea E. Dorigo

(Typed or printed name of person)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Sanner, M. et al. :

APPLICATION NO.: 09/941,001 : Examiner: Morris, P.

FILING DATE: August 28 2001 : Group Art Unit: 1625

TITLE: PYRAZOLE DERIVATIVES :

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

RESPONSE TO FINAL OFFICIAL ACTION  
UNDER 37 CFR 1.312

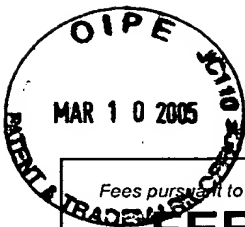
This is in response to the Final Official Action of December 16, 2004 for the  
above-captioned application. Please amend this application as follows:

03/11/2005 DEMMANU1 00000003 161445 09941001

01 FC:1202 50.00 DA

**Introductory Comments:**

Page 3 of this response describes the nature of the amendment to the specification (none). Pages 4-20 of this response present the claims and identify the status of each claim. Pages 21-24 of this response contain the Remarks regarding the response.



Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Complete if Known																																																							
<b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		Application Number	09/941,001																																																						
		Filing Date	August 28, 2001																																																						
		First Named Inventor	Mark A. Sanner																																																						
		Examiner Name	Morris, P.																																																						
<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27		Art Unit	1625																																																						
Total Amount of Payment (\$) 50		Attorney Docket No.	PC10769A																																																						
METHOD OF PAYMENT (check all that apply)																																																									
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																									
<input checked="" type="checkbox"/> Deposit Account: Deposit Account number <u>16-1445</u> Deposit Account Name <u>Pfizer Inc</u> For the above identified deposit account, the Director is authorized to: (check all that apply)																																																									
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																									
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.1.6 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038																																																									
<b>FEE CALCULATION</b>																																																									
<b>1. BASIC FILING FEE</b>																																																									
<table border="1"><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees paid</th></tr><tr><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td>1,000</td></tr><tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr><tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></tbody></table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees paid	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	1,000	Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0	
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<b>2. EXCESS CLAIM FEES</b>																																																									
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<b>3. APPLICATION SIZE FEE</b>																																																									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																									
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<b>4. OTHER FEE(S)</b>																																																									
Non-English Specification, \$130 fee (no small entity discount)																																																									
Other : _____																																																									
Fees Paid (\$)																																																									
<b>Submitted</b>																																																									
Name (Printed/Type)	Andrea E. Dongo	Registration No.	47,532	Telephone	(212) 733-1898																																																				
Signature		(Attorney Agent)																																																							

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and /or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
If you need assistance in completing the form, call 1-800-pto-9199 and select option 2.